

249800

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2014 - 130 - I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Patricia Carter

Telephone:

803-764-7574

Address:

137 Roost Rd
Hopkins SC 29061

Fax:

803 764-7627

Other:

Email: pandptransportationco@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☒ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit

RECEIVED

APR 01 2014

PSC SC
MAIL / DMS

- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 3-28-14

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

P+P Transportation Company LLC

137 Roast Road Hopkins SC 29061

Street Address of Applicant

Hopkins SC 29061

Mailing Address of Applicant (if different from street address)

803-764-7574

Phone

803-764-7627

Fax

pandp-transportation.co@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month 3 Year 2014

Assets:	
Cash	15,000
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets *	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity *	

* Total Assets = Total Liabilities and Equity

2 of 9

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$3.00 per mile - maximum

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

03/31/2014 15:54

see attached

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Name of Applicant

Address of Applicant

Amount of Premium:

Liability Insurance \$ _____

The above quoted premium is for a term of _____ months.
Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Attachment
P&P Transportation
Co LLC

Print

Date: Thursday, February 20, 2014 1:03 PM
From: Whit Whittington <wwhittington@tayloragency.com>
To: pacarter27@sc.rr.com
Subject: P&P Transportation LLC's Commercial Insurance Proposal

Paul,

Please see the attached proposal for your commercial insurance program. Please review and let me know what questions or concerns you may have. I would like to mention this proposal meets all of Logisticare's insurance requirements including symbol 1 (any auto coverage) with general liability and abuse & molestation coverage. Our office will take care of the Form E filing with the SC ORS as well as send certificates of insurance to your transportation broker and any other entity that needs proof of your coverage. We will also email you temporary auto id cards to place in your vehicles until the originals come in the mail.

I specialize in non-emergency transportation insurance and I am also a member of the Taxicab, Limousine & Paratransit Association (www.tipa.org). Insuring your assets is a great responsibility and you deserve an insurance representative that understands your business and the ongoing issues you face in the paratransit industry. Our agency represents many insurance companies that also specialize in non-emergency transportation so as your business continues to grow and change, we will continue to have access to the absolute best insurance markets.

The premium breakdown is as follows

\$1,748 – General Liability w/ Abuse & Molestation

\$17,134 – Auto liability

\$18,882 – Total Annual Premium

You would be required to make a 20% down payment (\$3,776.40) followed by 10 monthly installments of \$1,510.58.


Thank you for the opportunity to review your insurance program and I look forward to a long term positive relationship.

Whit

Whit Whittington
Commercial Account Executive
Taylor Agency
P.O. Box 30609 Charleston, SC 29417
Phone: 843.901.0647
Fax: 843.795.3193
wwhittington@tayloragency.com
www.tayloragency.com

CONFIDENTIALITY NOTICE: The information contained in this electronic transmission contains, or may contain, information of a Sensitive, Privileged and Confidential nature. THIS ELECTRONIC TRANSMISSION IS INTENDED SOLELY FOR VIEWING BY THE RECIPIENT(S) NAMED ABOVE. If you receive this transmission, but you are not a named recipient, and not the intended recipient, you are hereby notified that any dissemination, distribution or duplication of this transmission is strictly prohibited. If you have received this communication in error, please notify the sender immediately by replying to the e-mail from your computer, then delete the e-mail from your computer, system and/or server, notifying us via telephone and destroy all printed and electronic copies. Intentional interception or dissemination of electronic mail not belonging to you may violate federal or state law. If you are unsure whether you are an intended recipient of this e-mail, please immediately contact Taylor Agency at 843-762-1805.

 GL with Abuse Quote.pdf

 Auto Quote.pdf

<http://webmail.sc.rr.com/do/mail/message/preview?msgId=INBOXDELIM13087>

3/29/2014

Attachment



150 Northwest Point Blvd.
Elk Grove Village, Illinois 60007
Phone: 847-472-6700
Fax: 847-700-8240



THE ATLAS GROUP OF COMPANIES

Date: 02/20/2014

To: TAYLOR AGENCY
Attention: WHIT

SOUTH CAROLINA QUOTATION LETTER

Applicant: P&P TRANSPORTATION LLC
Effective: 02/20/2014
Renewal Of:

We are pleased to provide you a quotation for the above risk. Estimated annual premiums, coverage limits, and exposure base are shown below. NOTE: Regardless of coverage requested in the application submitted, Our quotation is based on Standard "ISO" filed coverage forms unless otherwise stated. On both new and renewal quotes, individual lines are priced on an ACCOUNT basis and should be considered as such. We will not guarantee pricing for "select" lines.

NOTE: Coverage and limits quoted may differ from coverage requested in the application.

If we are to issue policies per our quotation, please provide all requested information for review and approval. Quotes are subject to favorable loss experience verification and favorable inspection if not obtained prior to the release of this quotation. All quotes are valid for no more than thirty days or the date of expiration if a renewal.

COVERAGE FORM:
5 UNITS

SYMBOL 7 COVERAGE APPLIES
FOR ALL COVERAGE UNLESS
OTHERWISE NOTED

Forms to be included:
CA 2384 Exclusion of terrorism
CA 2394 Silica or Silica related dust exclusion
CBA 5000 Amended care, custody or control exclusion
CA 2018 Professional Services not covered
CBA 5002 Fungi or Bacteria Exclusion
CBA 5005 Abuse or Molestation exclusion
CBA 5008 Who is an Insured Redefined

NOTES:
5 UNITS - NEMT USE - NO LIFTS OR
RAMPS

LIABILITY COVERAGE ONLY IS SYMBOL 1

NO PHYSICAL DAMAGE COVERAGE

ONE ADDITIONAL INSURED - LOGISTICARE

LIABILITY

UM/UIM LIMITS

MEDICAL

\$1,000 Limits in(000's)

100/Limits in(000's)

\$1,000

PREMIUM

\$16,315.00

\$220.00

\$355.00

HIRED VEHICLE
NON OWNED

ADDITIONAL INSURED

\$62.00

\$132.00

\$80.00

TOTAL PREMIUM

THE ABOVE PREMIUM IS BASED ON A RATING TERRITORY OF:
HOPKINS, SC.

\$17,134.00

MINIMUM PREMIUM APPLIES

PREPARED BY:

PAGE 1 OF 2

UNDERWRITER

APPLICANT/INSURED: P&P TRANSPORTATION LLC

GENERAL CONDITIONS:

1. All drivers must be approved by ASI and must be disclosed at time of application/binding.
2. All potential new hires must be submitted to the company for approval.
3. All drivers must qualify under our Safe Driver Program. ASI reserves the right to exclude / reject any operator for any reason who may otherwise qualify under the criteria.
4. We will not accept any on/off same vehicle endorsement activity.

THE FOLLOWING INFORMATION IS REQUIRED:

<input checked="" type="checkbox"/>	Issue Instructions
<input type="checkbox"/>	All drivers over 70 require the DOT Physical forms completed
<input type="checkbox"/>	Complete list of all owned vehicles including those without a bond card
<input type="checkbox"/>	List of all municipalities the insured/applicant is licensed to operate AND their cancellation requirements
<input type="checkbox"/>	Copies of any certificates of insurance and binders issued
<input type="checkbox"/>	Non-Reported Operator Deductible Endorsement
<input type="checkbox"/>	Current/Expiring pricing for all lines
<input type="checkbox"/>	Inspection contact name
<input checked="" type="checkbox"/>	Updated driver list
<input type="checkbox"/>	Name of Medicare Provider & Provider Number and/or Social Service Agency contracted with
<input type="checkbox"/>	Vehicle registrations/Lease agreements for all vehicles used by the named insured
<input type="checkbox"/>	Mechanical inspection report with photos for all units over 10 model years old
<input type="checkbox"/>	Limousine inspection with photos
<input type="checkbox"/>	Loss Runs for the past <input type="text"/> years
<input checked="" type="checkbox"/>	Complete Limo / Taxi / Paratransit Supplemental Application must be signed by agent & insured
<input checked="" type="checkbox"/>	No Loss Statement
RENEWALS	
<input type="checkbox"/>	Completed and signed renewal application
<input type="checkbox"/>	Renewal Instructions
<input type="checkbox"/>	Renewal certificate of insurance and binder

- Renewal application must include:
- Complete vehicle information including seating capacity
 - Updated list of operators
 - Signed underwriting/agency checklist
 - Copies of all vehicle registrations
 - Copies of all lease agreements if applicable
 - Copies of bonds/licenses from municipalities where operating.

NOTES:

- 1) If written, the above quote is subject to ASI being notified of all vehicle additions within 5-days. You must submit an endorsement change request to ASI.
- 2) If written, the above quote is subject to ASI receiving the above mentioned items within 15-days of binding. Failure to provide requested information may result in cancellation of policy.
- 3) **REINSTATEMENT FEE:** A Fee of \$9. will be charged to reinstate any policy cancelled for non-payment of premium during policy term.
- 4) Signed ACORD Application is needed at time of binding. ACORD 125 & ACORD 137 SC
- 5) There is a charge for additional insured/lessors added to policy.



150 Northwest Point Blvd.
Elk Grove Village, Illinois 60007
Phone: 847-472-6700
Fax: 847-700-8240



THE ATLAS GROUP OF COMPANIES



Attachment
P&P Transportation
Co, LLC

To: TAYLOR AGENCY
Attention: WHIT

SOUTH CAROLINA

Date: 02/20/2014

Re: GENERAL LIABILITY QUOTATION

Insured: P&P TRANSPORTATION LLC

Effective: 02/20/2014

Renewal of:

We are pleased to provide you a quotation for the above risk. Estimated annual premiums, based on limits, exposure base and basic coverage requested are shown below. NOTE: Regardless of coverage requested in the application submitted, our quotation is based on Standard "ISO" and/or "N.C.C.I." filed coverage forms unless otherwise stated stated below. On both new and renewal quotes, individual lines (Package, Auto, etc.) are priced on an ACCOUNT basis and should be considered as such. We will not guarantee pricing for "select" lines.

If we are to issue policies per our quotation, please provide all requested information for review and approval. All quotes are subject to favorable loss experience verification and favorable inspection if not obtained prior to the release of this quotation. All quotes are valid for no more than thirty days or the date of expiration if a renewal.

COVERAGE FORM:

GENERAL LIABILITY
CLASS 40031
EXPOSURE: 5

REQUIRED TO ISSUE THE GL POLICY:
TERRORISM ACCEPTANCE OR
REJECTION FORM SIGNED & DATED

ACORD 125 SIGNED AND DATED
ACORD 126

MUST BIND AUTO POLICY TO BIND GL
ATLAS DOES NOT WRITE MONOLINE GL

THIS POLICY DOES NOT COVER ANY
GARAGE LIABILITY EXPOSURE.

Rita Bachelier

Transportation Underwriter

GENERAL CONDITIONS:

TOTAL AUTO PREMIUMS PREMIUM

GENERAL LIABILITY \$ 1,748

GENERAL AGGREGATE \$ 2,000,000
PRODS & COMP OPTS AGGT. \$ 2,000,000
EACH OCCURRENCE \$ 1,000,000
PERS & ADV INJURY \$ 1,000,000
FIRE DAMAGE \$ 100,000
MEDICAL EXPENSE \$ 5,000

(ANY ONE PERSON)

SEXUAL ABUSE AND MOLESTATION INCLUDED

EACH CLAIM \$ 500,000

AGGREGATE \$ 1,000,000

TERRORISM INCLUDED (\$2)

IF ANY ADDITIONAL INSURED(S)

ARE REQUIRED THE CHARGE IS \$50. EACH INCLUDED (\$1)

UNLESS ENTITY IS A STATE AGENCY.

A FEE OF \$25.00 WILL BE CHARGED FOR ANY POLICY CANCELLED FOR
NON-PAYMENT OF PREMIUM AND REINSTATED BY THE COMPANY.

THIS POLICY IS SUBJECT TO A MINIMUM PREMIUM of \$750

THE FOLLOWING INFORMATION IS REQUIRED:



GENERAL LIABILITY FORMS/ENDORSEMENTS:

CG0067 - Exclusion - Violation of Statutes that Govern E-Mails, Fax, Phone Calls or Other Methods of Sending
Material or Information

CG2160 - Exclusion - Year 2000 Computer-Related and Other Electronic Problems

CG2166 - Silica or Silica-Related Dust Exclusion

CMP2997 - Lead Exclusion

IL0021 - Nuclear Energy Liability Exclusion Endorsement (Broad Form)

ILP001 - Advisory Notice to Policyholders--OFAC

GC2116 - Exclusion--Designated Professional Services

CG2146 - Abuse or Molestation Exclusion

CG2167 - Fungal or Bacteria Exclusion

CG2244 - Exclusion--Services Furnished by Health Care Providers

GL 00 01 07 07 - SEXUAL AND/OR PHYSICAL ABUSE

Exhibit Fit, Willing, and Able (FWA)

P+P Transportation Company LLC
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Patricia Carter

Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF Richland

SWORN TO BEFORE ME

This Monday day of 31 March, 2014

Patricia Ricketts
Notary Public

Commission Expires 3/31/2015

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

P&P TRANSPORTATION COMPANY, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 31st, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
31st day of January, 2014.

Mark Hammond
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

JAN 31 2014

ARTICLES OF ORGANIZATION
Limited Liability Company - Domestic
Filing Fee - \$110.00

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

P&P Transportation Company LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

137 Roost Rd

Street Address

Hopkins SC

City

29061

Zip Code

3. The initial agent for service of process is

Patricia Carter

Name

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

137 Roost Rd

Street Address

Hopkins SC

City

29061

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Patricia Carter

Name

137 Roost Rd

Street Address

Hopkins SC 29061

City

State

Zip Code

(b)

Name

Street Address

City

140131-0132

P&P TRANSPORTATION COMPANY, LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State



Name of Limited Liability Company

RHP Transportation Company LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) _____
Name

Street Address

City State Zip Code

(b) _____
Name

Street Address

City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Patricia Carter
Signature of Organizer

1/31/14
Date

Signature of Organizer

Date

Form Revised by South Carolina
Secretary of State, July 2012